PHARMACARE NEWSLETTER

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This newsletter provides information on the PharmaCare program for British Columbia's community pharmacists. Please circulate among dispensing staff.

PharmaCare on the Web:
www.healthservices.gov.bc.ca/pharmc

Restricted Claimants Program

PharmaCare's Restricted Claimants Program has been in place since the 1970s. It restricts payment of prescription drugs for patients who appear to have difficulty managing their prescription drugs.

The program works this way:

- The patient's PharmaCare drug coverage is restricted to one pharmacy and one doctor (plus specialists).
- If the patient tries to fill a prescription at a different pharmacy or if a different doctor has written the prescription, PharmaCare will not pay for the prescription.

The pharmacist, as always, applies professional judgement in determining whether or not to fill the prescription.

In emergency circumstances, PharmaCare will make a one-day change in doctor or pharmacy. Exceptions are made only if the patient is unable to see their own doctor or get to their own pharmacy and if not filling the prescription could result in serious harm to the patient.

When a pharmacist calls to request a special exception, they will be asked a series of questions which PharmaCare staff use to determine if financial coverage should be provided. Staff are expected to assess:

a) If there is a sufficiently good reason why the patient is unable to get to their own doctor or pharmacy (i.e., doctor on vacation, pharmacy is closed); and

b) If there is a sufficiently good reason why this prescription must be filled at this time (i.e., there is a serious health consideration rather than simply a request for an early refill).

Restricted Claimants Program (cont)

The Restricted Claimant Clerks are available Monday through Friday, 8:30 a.m. to 4:30 p.m. After hours requests are subject to a more rigorous approval process because of the difficulty in following up with doctors.

Replacement of lost or stolen medications is not covered for patients on this program.

All special exceptions must be obtained before dispensing as there is no retroactive coverage.

If you have any questions regarding the restricted Claimant program, please feel free to contact a Restricted Claimant Clerk or the Manager of Plan Operations.

Fair PharmaCare Registration Forms

As you may be aware, processing of paper Fair PharmaCare Registration forms can take up to eight weeks. However, when families register on-line or by phone, we provide immediate temporary Fair PharmaCare financial assistance.

If a patient enquires about Fair PharmaCare financial assistance, please do not give them a registration form. Doing so will delay the start date of their Fair PharmaCare assistance.

Instead, please provide them with the "Are You Registered?" information slip. The information slips include:

- the PharmaCare Web site address for on-line registration; and
- the toll-free phone number for registering by phone.

To request copies of the "Are You Registered?" information slip, please contact the PharmaNet HelpDesk.

Special Services Fees

The number of special services fees paid by PharmaCare over the past months are:

DATE	NO. OF FEES	DATE	NO. OF FEES
July 2004	3,096	Jan 2004	3,232
June 2004	3,401	Dec 2003	3,932
May 2004	3,206	Nov 2003	3,598
Apr 2004	3,173	Oct 2003	3,941
Mar 2004	3,232	Sept 2003	3,729
Feb 2004	2,826	Aug 2003	3,086

Compounded Dermatologicals

PharmaCare is continuing to review the coverage of all compounded products. Pharmacists have traditionally compounded and filled a number of dermatologicals as regular benefits. In recognition of this, and to decrease some of the confusion around the coverage of such compounds, the following compounds will continue to be eligible for regular benefit status during the ongoing review process (no Special Authority requests are necessary):

1. Camphor &/or menthol in topical steroid base – steroid must be a PharmaCare benefit
2. Urea with camphor &/or menthol in topical steroid base – steroid must be a PharmaCare benefit
3. Clindamycin in Duonalc
4. LCD alone or with Salicyclic Acid in a non-medicated base
5. Salicyclic Acid alone or in a non-medicated base

Benefit status of the above compounds may change once the review is completed.

Some reminders

(For details and more comprehensive guidelines see past PharmaCare Newsletters and Bulletins.)

1. Compounds containing topical antifungals are not benefits even if there are other benefit ingredients in the compound unless an approved Special Authority is valid.
2. Retinoic acid compounds require prior Special Authority approval. Retinoic acid will only be approved for the treatment of acne.
3. Compounds containing AHA or Vitamin C are not eligible for coverage.
4. Topical NSAIDs are not eligible for coverage even when combined with benefit ingredients.
5. Transdermal hormones are not eligible for coverage.
6. Changes in dosage forms, e.g., preparation of oral suspensions, capsules with different excipients, etc., are not eligible for coverage unless approved through the Special Authority process.
7. Coverage is not available for compounds in a dosage form that is not a regular benefit. Special Authority would be required for consideration of coverage. E.g., transdermal analgesics, intrathecal narcotics, etc.
8. Changes to concentrations of ingredients in a regular benefit product require a Special Authority, e.g., concentrated eye drops.

How to apply for Special Authority for a Compound

Two documents must be received by PharmaCare before the adjudication of a compound Special Authority can take place:

1. **Special Authority request** from a physician indicating the compound that has been prescribed and why the compound is required for a particular patient.
2. The compounding pharmacy must submit a detailed cost breakdown including:
   a. drug, concentration, dosage form and quantity
   b. itemized cost of each ingredient (this does not include compounding supplies)
   c. days supply
   d. time to compound.

      Note: This should be actual, active compounding time. It should not include set up, cleaning and administrative time.
   e. compounding charge/min or charge/hour.
   f. total compounding fee being charged.

Once PharmaCare has received both documents, a decision is made as to whether the compound will be covered and the amount eligible for PharmaCare coverage. The physician will receive confirmation of SA approval or denial and the pharmacy will receive confirmation of the amount that will be eligible for PharmaCare coverage.

Pharmacists are reminded to record and keep a copy of the documentation indicating how the calculations were done.

Changes to the LCA/RDP Booklet (effective July 12, 2004)

The following changes have been made to the new LCA/RDP Booklet. To view or print a copy of the updated booklet, visit www.hlth.gov.bc.ca/pharme/lca/lcaindex.html.

DIN	MAN	DRUG NAME	CHANGE	LCA PRICE
2242907	APX	Apo-Azathioprine Tab 50mg	Partial to full benefit, as the following 2 products are discontinued.	
2231491	GPM	Gen-Azathioprine Tab 50mg	Removed from booklet, as recently discontinued.	
2236799	RPH	Ratio-Azathioprine Tab 50mg	Removed from booklet, as discontinued April 14/04.	
2238102	PMS	PMS-Selegiline Tab 5MG	Missed from booklet: partial benefit	$1.3091
556742	BRI	Quibron T SR Tab 300mg	Removed from booklet, as discontinued June 15/04.	
2242837	APX	Apo-Lithium Carbonate Cap 150mg	Update: partial benefit	$0.0557
2242838	APX	Apo-Lithium Carbonate Cap 300mg	Update: partial benefit	$0.0583

New Drugs Categorized to LCA and/or RDP

The following new products have been added as eligible benefits on **Plans B, C, F, I**, and **Plan G** if applicable, to existing Low Cost Alternative Program (LCA) / Reference Drug Program (RDP) categories.

DIN	MAN	DRUG NAME	FULL OR PARTIAL BENEFIT
2250144	NOP	Novo-Simvastatin Tablets 5 mg	Full
2250152	NOP	Novo-Simvastatin Tablets 10 mg	Partial
2250160	NOP	Novo-Simvastatin Tablets 20 mg	Partial
2250179	NOP	Novo-Simvastatin Tablets 40 mg	Partial
2250187	NOP	Novo-Simvastatin Tablets 80 mg	Full

Benefits

The following new products have been included as eligible PharmaCare benefits on Plans B, C, F, and I:

DIN	MAN	DRUG NAME
2248034	APX	Apo-Clozapine Tab 25 mg
2248035	APX	Apo-Clozapine Tab 100 mg
2247686	BOE	Atrovent® HFA (ipratropium) 20 mcg Metered Dose Aerosol

Limited Coverage Program

The following new products have been included as eligible PharmaCare benefits under the Limited Coverage Program by Special Authority only (please refer to Web site for criteria):

DIN	MAN	DRUG NAME
2247499 patch	BEX	Climara® 25 (estradiol-17B hemihydrate) Transdermal System 25 mcg
2247500 patch	BEX	Climara® 75 (estradiol-17B hemihydrate) Transdermal System 75 mcg

PharmaCare's Drug Benefit Committee recently completed the review of the following products and recommended that these not be added as benefits under the program:

DIN	MAN	Brand Name
2246793	BOE	Spiriva® (tiotropium bromide 18 mcg caps)
2246568	SEV	Preterax® (perindopril erbumine and indapamide 2 mg/0.625 mg tablets)

Drugs Under Review

The following drug submissions are currently under review by PharmaCare. Drug submissions that include review by the national Common Drug Review process are noted:

agalsidase alfa (REPLAGAL™ 3.5mg vial for injection) - Common Drug Review

agalsidase beta (FABRAZYME® 5 mg and 35 mg lyophilized powder) - Common Drug Review

alfuzosin (XATRAL® 10mg tabs), resubmission

almotriptan maleate (AXERT® 6.25mg and 12.5mg tabs) - Common Drug Review

anakinra (KINERET® 150mg/ml Injection)

betahistine dihydrochloride (SERC® 24mg tabs)

botulinum toxin (BOTOX® Injection), new indication

brimonidine tartrate (ALPHAGAN® 0.15% ophthalmic solution)

brimonidine tartrate 0.2%/ timolol maleate 0.5% (COMBIGAN® ophthalmic solution) - Common Drug Review

butoconazole nitrate (GYNAZOLE-1™ cream, 2%) - Common Drug Review

ciprofloxacin (CIPRO XL® 500mg modified release tabs)

ciprofloxacin (CIPRO XL® 1000mg modified release tabs)

ciprofloxacin hydrochloride 0.3% w/v and dexamethasone 0.1% w/v (CIPRODEX® otic suspension) - Common Drug Review

desmopressin (DDAVP® tabs), resubmission

donepezil (ARICEPT® 5mg and 10mg tabs), resubmission new data

metronidazole (METROLOTION™ lotion 0.75%)

miglustat (ZAVESCA® 100mg capsules) - Common Drug Review

mixed salt amphetamine (ADDERALL XR™ extended-release 5mg, 10mg, 15mg, 20mg, 25mg and 30mg capsules) - Common Drug Review

moxifloxacin hydrochloride 0.5% (VIGAMOX™ ophthalmic solution)

norelgestromin 6.0mg and ethinyl estradiol 0.60mg (EVRA® transdermal system) - Common Drug Review

olanzapine (ZYPREXA® tabs), new indication

olanzapine (ZYPREXA® ZYDIS 15mg orally disintegrating tabs)

olanzapine tartrate (ZYPREXA® Intra-Muscular 10mg/ml injection)

oseltamivir phosphate (TAMIFLU® 75mg capsules), new indication

oxcarbazepine (TRILEPTAL® 150mg, 300mg, 600mg tabs)

peginterferon alfa-2a (PEGASYS® 180mcg/0.5ml pre-filled syringes and 180mcg/1ml single use vials)

peginterferon alfa-2b (PEGETRON™ Redipen Single Dose Delivery System) plus ribavirin

peginterferon alfa-2a plus ribavirin (PEGASYS® RBV) - Common Drug Review

perindopril erbumine (COVERSYL® 8mg tabs)

pimecrolimus (ELIDEL® 1% cream)

Drugs Under Review (cont)

doxycycline hyclate (PERIOSTAT™ 20mg caps)

eprosartan mesylate 600mg/ hydrochlorothiazide 12.5mg (TEVETEN PLUS) - Common Drug Review

etanercept (ENBREL® 25mg/ml injection), new indication

finasteride (PROSCAR® 5mg tabs), resubmission

fluvastatin sodium (LESCOL® XL 80mg extended release tablet)

galantamine (REMINYL® 4mg, 8mg and 12mg tabs), resubmission

imiquimod (ALDARA™ 5% cream), resubmission

interferon beta-1a (AVONEX® 30mcg once a week IM injectable), new indication

interferon beta-1a (REBIF® 22mcg/0.5ml and 44mcg/0.5ml liquid formulation for injection), new indication

irbesartan (AVAPRO® tabs), new indication

iron sucrose (VENOFER® 2% w/v iron (Fe) Inj-usp)

latanoprost/ timolol maleate (XALACOM® 50 mcg/ml ophthalmic solution), resubmission

levetiracetam (KEPPRA® 250mg, 500mg and 750mg tabs)

losartan (COZAAR® tabs), new indication

methadone hydrochloride (METADOL® 1mg, 5mg, 10mg and 25mg tabs)

methylphenidate hydrochloride (CONCERTA® extended release 18mg, 36mg and 54 mg tabs)

pioglitazone (ACTOS® 15mg, 30mg and 45mg tabs), resubmission

risedronate sodium (ACTONEL® 5mg tabs), resubmission

risperidone (RISPERDAL M-TAB® 0.5mg, 1mg and 2mg orally disintegrating tabs)

rivastigmine (EXELON® caps), resubmission

rofecoxib (VIOXX® 25mg tabs), new indication

rosiglitazone (AVANDIA® tabs), resubmission

somatropin human growth hormone (HUMATROPE® 24mg cartridge)

telithromycin (KETEK™ 400mg film-coated tabs), resubmission

tacrolimus (PROTOPIC® 0.03% and 0.1% ointment), resubmission

teriparatide (FORTEO™ 750 mcg/3 mL injection) - Common Drug Review

testosterone (ANDRODERM® 24.3mg transdermal delivery system)

trandolapril (MAVIK® 0.5mg capsules)

treprostinil sodium (REMODULIN™ 1.0mg/ml, 2.5mg/ml, 5.0mg/ml and 10.0mg/ml injection) - Common Drug Review

ursodiol (URSO® DS 500mg tabs)

vitamin and mineral supplement (DIAPLEX®)

PharmaCare is unable to consider inclusion of these products as eligible benefits under the PharmaCare program until the review process has been completed.